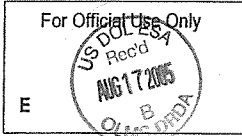


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8639</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>DANA R. MacKinnon III</u> P.O. Box, Bldg., Room No., if any _____ Street <u>7854 TRAFALGAR PLACE</u> City <u>WARRENTON</u> State <u>VA</u> ZIP Code + 4 <u>20186</u>	4. Name, file number, and address of labor organization. Name <u>Allied Pilots Association</u> Labor Organization File Number <u>059-849</u> P.O. Box, Building and Room Number, if any _____ Street <u>14600 Trinity Boulevard</u> City <u>Fort Worth</u> State <u>Texas</u> ZIP Code + 4 <u>76155-2512</u>
5. Position in labor organization. <u>COMMITTEE MEMBER BRAB (BENEFITS REVIEW + APPEALS BOARD)</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>AMERICAN AIRLINES, INC</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>4333 AMON CARTER BLVD.</u> City <u>FORT WORTH</u> State <u>TEXAS</u> ZIP Code + 4 <u>76115-2605</u>	7.a. Nature of Interest, Transaction, or Income. <u>A-TRAVEL PASS ON AMERICAN AIRLINES FOR FREE TRAVEL IN CONNECTION WITH APA UNION BUSINESS.</u> 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/11/05
Date

(540) 341-3432
Telephone Number

Name of Person Filing <u>DANA R. MacKIMMIE III</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>WATSON WYATT INVEST. CONSULTING</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>SUITE 2100</u> Street <u>191 NORTH WACKER DRIVE</u> City <u>CHICAGO</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60606-1615</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>APA WELFARE BENEFITS MASTER TRUST</u> Trade Name, if any: <u>APA MASTER TRUST</u> P.O. Box, Bldg., Room No., if any <u>SUITE 500</u> Street <u>14600 TRINITY BLVD.</u> City <u>FORT WORTH</u> State <u>TEXAS</u> ZIP Code + 4 <u>76155-2512</u>	11.a. Nature of such dealing. <u>PROVIDE INVESTMENT MONITORING SERVICES FOR THE MASTER TRUST TO ENSURE COMPLIANCE WITH INVESTMENT POLICY.</u> 11.b. Approximate dollar value of such dealing. <u>\$ 31,000.</u> 12.a. Nature of interest held or income received. <u>BUSINESS LUNCH ON 1/14/04</u> 12.b. Amount. <u>\$ 38.</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>American Airlines, Inc.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>4333 AMON CARTER BLVD.</u> City <u>FORT WORTH</u> State <u>TEXAS</u> ZIP Code + 4 <u>76155-2605</u>	14.a. Nature of payment. <u>A travel pass on American, which permits me to fly for free in connection with union business status.</u>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing

DANA R. Mac Kimmie III

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name THE SEGAL COMPANYTrade Name, if any: SEGALP.O. Box, Bldg., Room No., if any SUITE 500Street 101 NORTH WACKER DRIVECity CHICAGOState ILLINOISZIP Code + 4 60606-1704

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name APA WELFARE BENEFITS MASTER TRUSTTrade Name, if any: APA MASTER TRUSTP.O. Box, Bldg., Room No., if any SUITE 500Street 14600 TRINITY BLVD.City FORT WORTHState TEXASZIP Code + 4 76155-2510

11.a. Nature of such dealing.

SEGAL PROVIDES ACTUARIAL CONSULTING SERVICES FOR APA BENEFIT PLANS FUNDED THROUGH THE MASTER TRUST, APA LIFE INSURANCE AND IN NEGOTIATING BENEFITS WITH AMR

11.b. Approximate dollar value of such dealing.

\$ 386,150

12.a. Nature of interest held or income received.

BUSINESS DINNER ON 1/14/04 \$115.
BUSINESS DINNER ON 8/26/04 \$83.
CHRISTMAS GIFT ON 12/14/04 \$50.
BASKET

12.b. Amount.

\$ 248.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name American Airlines, Inc.Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4333 Amon Carter Blvd.City Fort WorthState TexasZIP Code + 4 76155-2605

14.a. Nature of payment.

A travel pass on American, which permits me to fly for free in connection with union business status.

13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.